 Workers' Compensation Commission <small>ONLINE SERVICES</small>			
Home	Award Inquiry	Claim Inquiry	Hearing Issues
Hearing Results		WCC Codes	Help
Claimant Information			
Claim Number:	B557862		
Name:	HAROLD E MARTIN		
Phone:	not available		
Address:	not available		
City, State Zip, County:	not available.		
Sex:	M		
Birthday:	Tuesday, October 06, 1942		
Marital:	M		
Reg. Work:	SANITATION		
Gross:	not available		
Paid DOA:	Y		
Work:	SANITATION		
Filing Party Information			
Name:			
Address:			
City, County, Zip:			
Employer & Employer Attorney Information			
Employer	Address		
Sequence Number	Type	Sequence	Corp. Name / Trade Name / Dept. Agency / Street / City / State / ZIP
1	01462793 C	1	GENERAL MOTORS CORP
Corporate Name:			
Trade Name:			
Dept. / Agency:		C/O SEDGWICK CMS	
Street:		P O BOX 808	
City / State / ZIP/ Phone:		HUNT VALLEY MD 21030-0000 410-539-5040	
Employer	Attorney	Attorney	
Sequence	Sequence	Code	Employer Attorney
No Attorney Listed for Employer.			
Employer & Employer Insurer Information			
Employer	Address		
Sequence Number	Type	Sequence	Corp. Name / Trade Name / Dept. Agency / Street / City / State / ZIP
1	01462793 C	1	GENERAL MOTORS CORP
Corporate Name:			
Trade Name:			
Dept. / Agency:		C/O SEDGWICK CMS	
Street:		P O BOX 808	



City / State / ZIP / Phone: HUNT VALLEY MD 21030-0000 410-539-5040

Employer Sequence	Insurer Sequence	Insurer Code	Employer's Insurer Name / Address / Phone Number
1	1	11512	GENERAL MOTORS CORPORATION SEDGWICK CLAIMS MANAGEMENT SERVICES SANDRA YANCY P.O. BOX 808 HUNT VALLEY MD 21030-0000 410-773-4234

Employer Sequence	Insurer Sequence	Attorney Sequence	Attorney Code	Employer's Insurer's Attorney
1	1	1	A9161	LAWRENCE GERARD GIAMBELLUCA 25 SOUTH CHARLES STREET SEMMES BOWEN SEMMES BALTIMORE MD 21201-0000 410-576-4892

Accident Information

Nature of Business: SANITATION
Location of Accident: PAINT DEPARTMENT
Foreman: DENNIS SCOTT
Notice of Injury: Y
Day Could Not Work:
Accident Date: Wednesday, July 31, 2002
Occupational Disease: N
Description of Accident: AS I WAS GOING DOWN STEEL STEPS I SLIPPED AND FELL CAUSING ME TO CATCH MY RIGHT LEG IN BETWEEN STEPS
Description of Member Injured/Amputated: RT LEG LT SHLDR
Amputation: N
Medical Requested: Y
Medical Provided: Y
Date Returned to Work: 00/00/0000


Claimant's Attorney Information

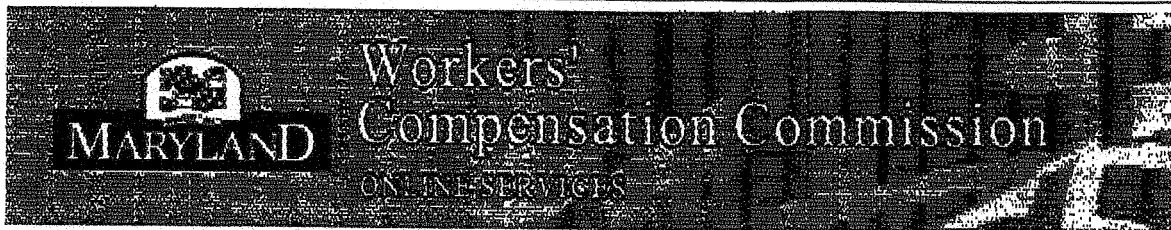
Attorney Sequence	Attorney Code	Claimant Attorney Name / Address / City / State / Zip / Phone
1	A9199	LINDA D. MOELLER 231 EAST BALTIMORE STREET SUITE 1400 BALTIMORE MD 21202-0000 410-783-1296

Medical Information

Physician Name: CONCENTRA MEDICAL CE
Address: 1419 KNECHT AVENUE
City, State, ZIP: BALTIMORE MD 21227
Hospital Name:
Address:
City, State, ZIP:
Other Claim Number:
Team: BTM
Date Received: Tuesday, September 03, 2002
Date Mailed: Friday, September 06, 2002

Consideration Date: Tuesday, September 24, 2002

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Home	Award Inquiry	Claim Inquiry	Hearing Issues
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Statistical Award Information			
Fiscal Year: 2003 Award Type: TT Award Sequence: 1			
Claim Number:	B557862	Fiscal Year:	2003
Claimant Name:	HAROLD E. MARTIN	Employer Code:	01462793
Insurance Code:	I1512	Class Code:	3808
Industry Code:	1	Cause Code:	9
Nature of Injury Code:	5	Mech. Injury Flag:	N
Infection Flag:	N	Illeg. Emp. Flag:	N
Award Type:	TT	Date of Award:	09/30/2002
Award Amount:	\$0.00	Comp. Code:	
No. Awd Weeks:	0	Award Amount/Week:	\$654.00
Attorney Fees:	\$0.00	Medical Fees:	\$0.00
TT Penalty %:	0	TT Penalty Amount:	\$0.00
Part. Adl. Dep:	0	Adult Depend:	0
Part. Cld. Dep:	0	Child Depend:	0
Stipulation:			

Parts of Body Award Information			
Award Sequence	Part of Body Code	Part of Body Description	Percent of Injury
1	33	LEG OR LEGS	0
1	22	SHOULDER	0

Statistical Award Information			
Fiscal Year: 2004 Award Type: PP Award Sequence: 2			
Claim Number:	B557862	Fiscal Year:	2004
Claimant Name:	HAROLD E. MARTIN	Employer Code:	01462793
Insurance Code:	I1512	Class Code:	3808
Industry Code:	1	Cause Code:	9
Nature of Injury Code:	5	Mech. Injury Flag:	N
Infection Flag:	N	Illeg. Emp. Flag:	N
Award Type:	PP	Date of Award:	02/17/2004
Award Amount:	\$24570.00	Comp. Code:	
No. Awd Weeks:	105	Award Amount/Week:	\$234.00
Attorney Fees:	\$4634.99	Medical Fees:	\$348.52
TT Penalty %:	0	TT Penalty Amount:	\$0.00
Part. Adl. Dep:	0	Adult Depend:	0
Part. Cld. Dep:	0	Child Depend:	0
Stipulation: Y			

Parts of Body Award Information			
Award Sequence	Part of Body Code	Part of Body Description	Percent of Injury

2

33

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LEG OR LEGS

0.35

Statistical Award Information

Fiscal Year: 2008 Award Type: PP Award Sequence: 3

Claim Number:	B557862	Fiscal Year:	2008
Claimant Name:	HAROLD E. MARTIN	Employer Code:	01462793
Insurance Code:	I1512	Class Code:	3808
Industry Code:	1	Cause Code:	9
Nature of Injury Code:	5	Mech. Injury Flag:	N
Infection Flag:	N	Illeg. Emp. Flag:	N
Award Type:	PP	Date of Award:	09/04/2007
Award Amount:	\$10530.00	Comp. Code:	
No. Awd Weeks:	45	Award Amount/Week:	\$234.00
Attorney Fees:	\$1579.50	Medical Fees:	\$200.00
TT Penalty %:	0	TT Penalty Amount:	\$0.00
Part. Adl. Dep:	0	Adult Depend:	0
Part. Cld. Dep:	0	Child Depend:	0

Stipulation:

Parts of Body Award Information

Award Sequence	Part of Body Code	Part of Body Description	Percent of Injury
3	33	LEG OR LEGS	0.6

Statistical Award Information

Fiscal Year: 2008 Award Type: AF Award Sequence: 4

Claim Number:	B557862	Fiscal Year:	2008
Claimant Name:	HAROLD E. MARTIN	Employer Code:	01462793
Insurance Code:	I1512	Class Code:	3808
Industry Code:	1	Cause Code:	9
Nature of Injury Code:	5	Mech. Injury Flag:	N
Infection Flag:	N	Illeg. Emp. Flag:	N
Award Type:	AF	Date of Award:	09/13/2007
Award Amount:	\$0.00	Comp. Code:	
No. Awd Weeks:	0	Award Amount/Week:	\$0.00
Attorney Fees:	\$331.00	Medical Fees:	\$0.00
TT Penalty %:	0	TT Penalty Amount:	\$0.00
Part. Adl. Dep:	0	Adult Depend:	0
Part. Cld. Dep:	0	Child Depend:	0

Stipulation:

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